

## Ideal - Idaho College Savings Program Agent Authorization / Limited Power of Attorney



- Complete this form to designate a Financial Advisor (*as defined in the Ideal - Idaho College Savings Program Disclosure Statement*), individual, corporation, or other entity as your agent with limited authority to act on your Ideal - Idaho College Savings Program (Ideal) Account(s). To grant an agent complete powers to act on your Ideal Account(s), please complete the **Power of Attorney Form**.
- You may only designate one level of authorization for an agent in **Section 3** for the Account(s) listed on this form. To grant additional agents authorization for your Account(s), please complete a separate form. Levels of authorization can be different for each agent.
- This **Agent Authorization/Limited Power of Attorney Form** must be signed by the agent in **Section 2** and signed by the Account Owner and notarized in **Section 4**.
- If there is anything about this form that you do not understand, you should consult a lawyer of your own choosing to explain it to you.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at [www.idsaves.org](http://www.idsaves.org), or you can call us to order any form — or request assistance in completing this form — at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

**Ideal - Idaho College Savings Program**  
**P.O. Box 219944**  
**Kansas City, MO 64121**

For overnight delivery or registered mail, send to:

**Ideal - Idaho College Savings Program**  
**920 Main Street, Suite 900**  
**Kansas City, MO 64105**

IMPORTANT INFORMATION: THIS LIMITED POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON (YOUR AGENT) TO MAKE DECISIONS CONCERNING YOUR PROPERTY FOR YOU (THE PRINCIPAL). YOUR AGENT CAN MAKE DECISIONS AND ACT WITH RESPECT TO YOUR PROPERTY (INCLUDING YOUR MONEY) WHETHER OR NOT YOU ARE ABLE TO ACT FOR YOURSELF.

YOU SHOULD SELECT SOMEONE YOU TRUST TO SERVE AS YOUR AGENT. THE AGENT'S AUTHORITY WILL CONTINUE UNTIL YOUR DEATH UNLESS YOU REVOKE THE POWER OF ATTORNEY OR THE AGENT RESIGNS.

UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, AS YOUR ATTORNEY-IN-FACT, AGENT, AND AUTHORIZED REPRESENTATIVE AS SPECIFIED IN SECTION 3 BELOW. THIS FORM IS LIMITED AND DOES NOT GRANT ALL POWERS CONTAINED IN THE UNIFORM POWER OF ATTORNEY ACT CONTAINED IN TITLE 15, CHAPTER 12 OF THE IDAHO CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS LIMITED POWER OF ATTORNEY AT ANY TIME IF YOU WISH TO DO SO.

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH THE IDEAL - IDAHO COLLEGE SAVINGS PROGRAM, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR IDEAL - IDAHO COLLEGE SAVINGS PROGRAM ACCOUNTS WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT IN YOUR BEST INTEREST AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND MUST KEEP COMPLETE RECORDS OF ALL TRANSACTIONS ENTERED INTO AS YOUR AGENT. UNTIL YOU REVOKE THIS LIMITED POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER IDAHO LAW NOT SPECIFIED IN THIS FORM.

IF YOU HAVE QUESTIONS ABOUT THE LIMITED POWER OF ATTORNEY OR AUTHORITY YOU ARE GRANTING TO YOUR AGENT, YOU SHOULD SEEK LEGAL ADVICE BEFORE SIGNING THIS FORM.





### 3. Authorization level

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my agent *(please initial the appropriate level of access that applies to the Account(s) listed in Section 1)*.

**Note:** If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

**Level 1—Account Inquiry Access.** To obtain information about my Account(s), and receive duplicate Account statements from IDeal.\*

**Level 2—Account Inquiry Access, Contributions, and Exchanges.** To obtain information about my Account(s), and receive duplicate Account statements from IDeal. To contribute money to the above-referenced Account(s) and to move money among investment options within each of the above-referenced Account(s).\*

**Level 3—Account Inquiry Access, Contributions, Exchanges, and Disbursements.** To obtain information about my Account(s), and receive duplicate Account statements from IDeal. To contribute money to the above-referenced Account(s) and to move money among investment options within each of the above-referenced Account(s). To withdraw, now or in the future, money from the above-referenced Account(s).\* Withdrawal checks may only be made payable to the Account Owner, the Beneficiary, or an Eligible Educational Institution. IDeal will not issue checks to other parties including the agent identified herein.

\* The authority granted herein is limited to the level of authority specified above. My agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an Account application or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.
- Assigning or delegating this authority to another individual or entity.
- Changing the Account Owner/agent.

#### 4. Signature and notarization — YOU MUST SIGN BELOW

UNLESS YOU DIRECT OTHERWISE, THIS LIMITED POWER OF ATTORNEY (LPOA) IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR TERMINATED AS SPECIFIED BELOW. THIS LIMITED POWER OF ATTORNEY WILL CONTINUE TO BE EFFECTIVE EVEN IF YOU BECOME DISABLED, INCAPACITATED, OR INCOMPETENT.

THIS LIMITED POWER OF ATTORNEY MAY BE REVOKED BY YOU AT ANY TIME. ABSENT REVOCATION, THE AUTHORITY GRANTED IN THIS LIMITED POWER OF ATTORNEY IS EFFECTIVE WHEN THIS LIMITED POWER OF ATTORNEY IS SIGNED AND CONTINUES IN EFFECT UNTIL YOUR DEATH.

I, for myself and my heirs, executors, legal representatives, and assigns, hereby agree to indemnify and hold harmless the State of Idaho, the Idaho College Savings Program, the Idaho College Savings Program Board, its members and staff, and the staff and offices of the Board's members, any other agency of the State, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC, their respective affiliates, officers, agents and employees, and any and all affiliated or nonaffiliated third parties (collectively, the "third parties", and individually, a "third party") from and against any and all claims that may arise or do arise against such third party by reason of any action or inaction by such third party having relied on the provisions of this Limited Power of Attorney, including any claims that arise from acting on instructions believed by any of them to have originated from my agent, and to pay such third party promptly on demand, for any and all losses arising out of any act by my agent under this Limited Power of Attorney. This indemnification and hold harmless provision shall survive any termination of this Limited Power of Attorney. I agree that any third party who receives a copy of this Limited Power of Attorney may act under it. Revocation or termination of the power of attorney due to my death, court determination or any other reason is not effective as to a third party until the third party receives written notice of the revocation or termination and the third party has had a reasonable amount of time to act on such notice.

A POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. IF THERE IS ANYTHING ABOUT THIS LIMITED POWER OF ATTORNEY THAT YOU DO NOT UNDERSTAND, CONSULT AN ATTORNEY KNOWLEDGEABLE IN IDAHO LAW RATHER THAN SIGN THIS LIMITED POWER OF ATTORNEY.

Signature of Account Owner

—  —

Date (mm/dd/yyyy)

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

STATE OF \_\_\_\_\_ )

)ss.:

COUNTY OF \_\_\_\_\_ )

This document was acknowledged before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name of Account Owner), who certifies the correctness of the signature of the Account Owner.

Signature of Notary

—  —

Date (mm/dd/yyyy)

Name of Notary (first, middle initial, last)

My commission expires:

—  —

Date (mm/dd/yyyy)

**Notary to place seal here**

Applies to signature in **Section 4.**